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Ophthalmic Literature

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COOPERATION AND COMMAND OF SPECIAL LITERATURE.

The American Academy of Ophthalmology and Oto-Laryngology has taken a forward step in the direction of aiding its Fellows in the study of the literature of their specialties. Beginning with the new calendar year, January, 1913, it will supply each of its Fellows with a copy of OPHTHALMIC LITERATURE, and also a copy of the INDEX OF OTO-LARYNGOLOGY.

This is a notable event in the history of these journals, and it promises to react most favorably on the Academy. Such a progressive policy cannot fail to add materially to the value of the papers written by the Fellows, whether these are published through its transactions or elsewhere. It will also raise the standard of the discussions in the meetings of the Academy.

More widely important still is the fact that it sets an example that other scientific societies in their particular fields will be likely to follow. Medical societies do much for their members, but it is possible for them to do a great deal more. As these possibilities are understood the effort will be made to realize them. Each new departure like this opens the eyes to other desirable things that may be done, and brings them so much nearer.

BOOK NOTICES.

Parsons, J. H., London. **Diseases of the Eye, A Manual for Students and Practitioners.** Second edition, 8vo. 690 pages. 18 plates, 309 illustrations in text. Price, cloth, $4.00. Philadelphia: P. Blakiston's Son & Co.

The authorship of a four-volume treatise upon ocular pathology ought to be a good preparation for the writing of such a book for students and general practitioners. In a work of this kind balance and completeness are often the qualities last attained. This book shows them in unusual degree. But the most striking characteristic of the book is the excellence of its illustrations, particularly the colored plates representing the clinical appearance of diseases of the anterior segment of the eyeball, and those showing the opthalmoscopic appearances of disease involving the ocular fundus.

The work is divided into five sections, dealing with: I, Anatomy and physiology; II, The examination of the eye; III, Diseases of the eye, divided according to the structures involved; IV, Errors of refraction; V, Disorders of motility of the eye; VI, Diseases of the

adnexa of the eye. Appendix I gives an outline for the preliminary investigation of the patient. Appendix II, under the heading Therapeutic Notes, brings together the more generally used formulas for local applications, with brief explanations of the indications for their employment and their usual effects, and also contains paragraphs devoted to treatment of syphilitic affections, serum and vaccine treatment, and care of instruments. Appendix III gives the requirements of candidates for admission into the public services of Great Britain, the army and navy, appointments under the government of India, pilot service and the mercantile marine. The book is well printed in exceptionally good type.

Swanzy, Sir Henry R., Dublin, and Werner, Louis W., Dublin. **A Handbook of the Diseases of the Eye and Their Treatment.** Tenth edition. 650 pages, 8vo. 9 plates, 231 illustrations in the text. Cloth, $4.00. Philadelphia: P. Blakiston's Son & Co.

During its earlier career Swanzy's handbook did not attract the attention that it merited. But now that it has reached its tenth edition and is so often referred to by other authors, it seems to have attained the place in the literature of ophthalmalogy that it deserves. The most obvious contribution to it by Mr. Werner is the collection of colored plates, and other illustrations of clinical appearances, the results of his skillful use of brush and pen.

It is a positive advantage for the student in his undergraduate days to become familiar with a text book sufficiently complete to serve in future years as a work of reference. Yet it is quite impossible for most students of medicine to read thoroughly any such complete work. Swanzy and Werner have met the difficulty in a very practical way. They point out that the student may first omit all portions printed in small type and those marked with an asterisk; and on the other hand they emphasize certain chapters that should be read early and with especial care.

In the early editions appeared a chapter on The Motions of the Pupil in Health and Disease. This is gone, and in the present edition we find chapter thirteen, of some thirty-six pages, dealing with the ocular symptoms of diseases of the brain and spinal cord, and the amblyopias. The book still retains the card of actual test wools to illustrate Holmgren's test for color blindness, a feature copied in the book of Parsons' noted above. For practical value such a card is superior to the plates ordinarily published for this purpose. It contains, in an appendix, the visual requirements for the public services.

In the rearrangement of its chapters and in the careful revision of the text this work has kept well abreast of the present state of ophthalmic science.

Index of Ophthalmology

DIAGNOSIS.

Augstein. Simple Method of Testing Pupil Reaction. Klin. M. f. Augenh. Sept., 366.

Collins, H. B. Test Type for Children and Illiterates. Lancet, Oct. 5, p. 955.

Emanuel, C. Mirror for Illumination of Foreign Body on Cornea. Klin. M. f. Augenh., Sept., p. 359.

Gradle, H. S. Tonometry, with Description of Tonometer. Opth. Rec., xxi, p. 468.

Helmbold, R. Measuring Distance Between Pupils. Med. Klin., viii, No. 33.

Lübs. Use of Schiötz' Tonometer. Klin. M. f., Augenh., Sept., p. 371.

Ohm, J. Instruments for Measuring Angle of Squint and Registering Visual Field. Arch. f. Augenh., lxxii, p. 150.

Todd, F. C. Malingering (Pretended Blindness). Ophthalmalogy, ix., p. 81.

THERAPEUTICS.

Baer, B. F. Incautious Use of Silver Nitrate in Ocular Inflamations. Del. St. Med. Soc., iii, p. 1.

Ballantyne, A. J. Drop-bottle for Use in Eye Work. Ophthalmoscope, x, p. 570.

Cornell, D. B. Vaccine Therapy in Diseases of Eye, Ear, Nose and Throat. Jour. Mich., Med. Soc., xi, p. 662.

Green, J. Jr., Rubber-shod Eye Cup. Amer. Jour. Ophth., xxix, p. 264.

Pesqué. Scarlet Red in Ophthalmology. Klin. M. f. Augenh., Sept., p. 384.

Stephenson, S. Salvarsan in Diseases of Eye. (Bibl.) Ophthalmoscope, x, p. 571.

Repeated Titles. **Weil.** (ii, p. 66), Ophthalmoscope, x, p. 610. **Zahn.** (ii, p. 66). Ibid., p. 610.

OPERATIONS.

Cridland, B. A Button Iris-repositor. Ophthalmoscope, x, p. 569.

Fox, L. W. Modern Advances in Operations for Cataract and Glaucoma. Tenn. St. Med. Soc. July.

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Treitel, T. Preparation of Eye for Cataract Operation. Berl. Klin. Woch., xlix, p 1933.

Repeated Titles. **Lagrange.** (ii, p. 99). Ophthalmoscope, x, p. 607.

REFRACTION.

Chacon, A. Transposition of Formulas Correcting Astigmatism. Arch. de Oft. xi, p. 645.

Harris, C. M. Refraction and Cycloplegics, Especially Hyoscin. Jour. Ophth. and Oto-Laryn., vi, p. 298.

Harry, P. A. Natural Correction of Myopia. Lancet, Oct. 5, p. 969.

Marquez, M. Biastigmatism. Arch. de Oft. xii, p. 474.

Pannell, W. L. The Axis, Objectively in Retinoscopy. Ophthalmology, ix, p. 49.

Quix, F. H. Accommodation of the Eyes. Onderzoek. ged. im h., Phys Lab. d. Utrecht, xii, p. 78.

Pichler, A. Rupture of Choroid from High Myopia. Klin. M. f. Augenh., Sept., 342.

Roure. Transient Hpyeropia in High Hyperopes. Ann. d'Ocul., cxlvi, p. 348.

Weill, N. J. Refraction With and Without a Cycloplegic. N. Y. Med. Jour., Oct. 19, p. 800.

Repeated Titles. **Isakowitz.** (ii, p. 133), Ophth. Rev., xxxi, p. 320.

OCULAR MOVEMENTS.

Antonelli, A. Oculomotor Neuritis Following Arsenobenzol. Arch. d'Opht., xxxii, p. 534.

Broca, A., and Desplas, B. Paralyses of Sixth Nerve in Cranial Fractures. Rev. de Chir., xxxii, p. 349.

Browne, F. J. Etiology and Treatment of Miner's Nystagmus. Brit. Med. Jour., Oct. 5, p. 837.

Cassimatis. Divergent Strabismus With Hyperopia and Strabismus in Egypt. Clin. Ocul., xviii, p. 517.

Galiana, F. Rare Case of Strabismus. Arch. de Oft., xii, p. 469.
Groenouw. Unilateral Nystagmus. Klin. M. f. Augenh., Sept., p. 365.
Klinedinst, J. F. Recurrent Third Nerve Paralysis. Ophthalmology, ix., p. 35.
Kumagai, N. Trochlear Paralysis Following Typhoid Fever. Cent. f. p. Augenh., xxxvi, p. 262.
Mann, L. Vestibular Nystagmus. Klin. M. f. Augenh., Sept., p. 365.
Monthus. Treatment of Strabismus. Paris Méd., Sept.; N. Y. Med. Jour., Oct. 12, p. 759.

Repeated Titles. **Adam** (ii, p. 133). Ophth. Rev., xxxi, p. 320. **Bartels** (ii, p. 134). N. Y. Med. Jour., Sept. 28, p. 661. **Fromaget** (ii, p. 85). Ophth. Rev., xxxi, p. 313. **Krusius** (ii, p. 104). Amer. Jour. Ophth., xxix, p. 270.

CONJUNCTIVA.

Achenbach, J. K. Parinaud's Conjunctivitis. Med. Brief, xl, p. 353.
Adams, P. H. Parinaud's Conjunctivitis Due to Animal Infection. Ophthalmoscope, x, p. 568.
Bonino, E. Cure of Follicular Conjunctivitis and Trachoma. Liguri Med., v. p. 84
Castresana. Large Pterygium. Siglo Med., lix, p. 226.
Chevalier. Pseudomembranous Conjunctivitis Cured by Serum. Clin. Opht., xviii, p. 525.
Coover, D. H. Resumé of Treatment of Trachoma and Method of Grattage With Strips of Sterilized Sandpaper. Ophthalmology, ix, p. 28.
Cutler, C. W. Blindness From Inflammation of Conjunctiva and Cornea. N. Y. St. Jour. Med., xii, p. 572.
Davis, A. E. and Vaugan, H. Phlyctenular (Eczematous) Conjunctivitis and Keratitis with Special Reference to Tuberculin as Diagnostic Agent. Ophth. Rec., xxi, p. 476.
Kutcherenko, P. A. Diagnostic Significance of Trachoma Bodies of Prowazek and Halberstaedter. Russky Vratch, July 14.
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Nicolle, C., Blaizot, L., and Cuénod, A. Reaction of Barbary Ape to Trachoma. Ann. d'Ocul., cxlviii, p. 177.
Opin. Tuberculosis of Bulbar Conjunctiva. Arch. d'Opht. xxxii, p. 538.
Peck, E. S. Inflammatory Conditions of Eye. Woman's Med. Jour., xxii, p. 125.
Rados, A. Pathologic Anatomy of Lacrimal Caruncle. (Bibl.) Klin. M. f. Augenh., Sept., p. 338.
Rollet. Trachoma. Rev Internat. de Méd. et de Chir., xxiii, p. 133.
Rosenhauch, E. Parinaud's Conjunctivitis. Arch. f. Augenh., lxxii, p. 162.
Santos Fernandez, J. Trachoma in Cuba. Arch. de Oft., xi, p. 649.
Uribe y Troncoso. Frequency of Trachoma in Mexico. An. de Oft., xv, p. 116.

Repeated Titles. **Adam and Wätzold** (ii, p. 53). Ophthalmoscope, x, p. 593. **Deutschmann** (ii, p. 53). Ibid., p. 603. **Junius** (i, p. 121). Ibid., p. 603. **Meisner** (ii, p. 37). Ibid., p. 593. **Meyerhof** (ii, p. 101) N. Y. Med. Jour. Aug. 10, p. 298. **Morax** (i, p. 105) Amer. Jour. Ophth. xxix, p. 287.

CORNEA AND SCLERA.

Badat. Traumatic Parenchymatous Keratitis. Klin. M. f. Augenh., Sept, p. 396.

Buchanan, L. Ulcerative Keratitis Caused by Bacillus of Diphtheria. Ophthalmoscope, x. p. 554.

Guzmann. Epibulbar Tuberculosis. Klin. M. f. Augenh., Sept., p. 376.
Lacompte, F. Parenchymatous Keratitis of Hereditary Syphilis After Cataract Extraction. Ann. d'Ocul., cxlviii, p. 183.
Parker, W. R. Salvarsan in Interstitial Keratitis. Jour. Mich. Med. Soc., xi, 637.
Posey, W. C. Salvarsan in Syphilitic Interstitial Keratitis. Wills Hosp. Ophth. Soc., May 7.
Rubert, J. Etiology of Phlyctenular Ophthalmia (Bibl). Klin. M. f. Augenh., Sept , p. 273.
Vandegrift, G. W. Treatment of Interstitial Keratitis by Salvarsan. Med. Rec., Oct. 26, p. 760.
Repeated Titles. **Kapuscinski** (ii, p. 102). Ophth. Rev., xxxi, p. 314. N. Y. Med. Jour., Aug. 17, p. 353. **Pontius** (ii, p. 102). N. Y. Med. Jour., Sept. 28, p. 637. **Reitsch** (i, p. 106). Ophth. Lit., ii, p. 144. **Weidler** (ii, p. 135). N. Y. St. Jour. Med., xii, p. 558. **Zade** (ii, p. 103.) N. Y. Med. Jour., Aug. 17, p 353

ANTERIOR CHAMBER AND PUPIL.

Domenico, L. Passage of Fluorescine to Eye From Liver. Arch. di Ott., xx, p. 57
Krämer. Congenital Oculomotor Disease. Klin. M. f. augenh., Sept.. p. 375.
Westphal, A. Pathology of Pupil. Deutsche Med. Woch., xxxviii, p. 1769.
Repeated Titles. **Magitot** (i, p. 63). Ophth. Lit., ii, p. 128.

UVEAL TRACT.

Bistis, J. Paralysis of Sympathetic in Etiology of Heterochromia. (Bibl.). Arch. d'Opht., xxxii, p. 578.
Marple, W. B. Tubercle of Choroid in Tuberculous Meningitis. Ophthalmoscope, x, p. 559.
Parker, F. Tubercular Choroiditis of Macula. St. Louis Med. Soc., March 6.
Sattler, C. H. Worm-like Spasm of Sphincter of Pupil. Klin. M. f. Augenh., Sept., p. 349.
Repeated Titles. **Gilbert** (i, p. 90.) Ophth. Lit., ii, p. 142. **Gonzales** (ii, p. 103). Ophthalmology, ix, p. 22. **Kirpitschowa** (i, p. 107). Ophth. Lit., ii, p. 142. **Münch** (ii, p. 103). N. Y. Med. Jour. Aug. 10, p. 298.

SYMPATHETIC DISEASE.

Dutoit. Serological Pathogenesis of Sympathetic Ophthalmia. Med. Klin., Aug. 18.
Guillery, H. Action of Ferments in Eye and Their Relation to Sympathetic Disease. Arch. f. Augenh., lxxii, p. 99.
Plaut. Microscopic Preparations. Klin. M. f. Augenh., Sept., p. 372.
Wissmann, R. Sympathetic Ophthalmia. Ibid., p. 367.
Repeated Titles. **Elschnig** (ii, p. 55). Ophth. Rev., xxxi, p. 310. **Kümmell** (i, p. 108). Ophth. Lit., ii, p. 143.

GLAUCOMA.

Fox, L. W. Newer Operations for Glaucoma. Ophthalmology, ix, p. 1.
Gradle, H. S. Tonometry with Description of Tonometer. Ophth. Rec., xxi, p. 468.
Heerfordt, C. F. Pathogenesis of Glaucoma Following Luxation of Lens. Hosp. Tid., iv, p. 1174.
MacNab, A. Glaucoma. Polyclin. July.
Posey, W. C. Secondary Glaucoma Following Iritis. Wills Hosp. Ophth. Soc., May 7.
Segal, S. Secondary Glaucoma. Viestnik Ophth., xxix, p. 400. Klin. M. f. Augenh., Sept., p. 391.

Smith, P. Glaucoma Problems; Hereditary Liability. Ophth. Rev., xxxi, p. 290.

Tooke, F. Clinical and Pathological Aspects of Glaucoma. Ophthalmology, ix, p. 92.

Wamsley, J. W. Operation for Glaucoma. Med. Council, xvii, p. 370.

Repeated Titles. **Bettremieux** (i, p. 108). Ophthalmoscope, x, p. 607. **Borthen** (i, p. 123). Ibid., p. 607. **Danis** (ii, p. 106). Ophthalmology, ix, p. 17. **Dor** (ii, p. 70). Ophthalmoscope, x, p. 607. **Dor** (ii, p. 104). Ophthalmology, ix, p. 11. **Gilbert** (ii, p. 136). N. Y. Med. Jour., Sept. 21, p. 610. **Knapp** (ii, p. 104). Ibid., Aug. 10, p. 298. **Lezenius** (ii, p. 70). Ophthalmoscope, x, p. 607. **Magitot** (ii, p. 88). Ophth. Rev., xxxi, p. 297. **Toczyski** (ii, p. 119). N. Y. Med. Jour., Aug. 31, p. 457.

LENS.

Calendoli, S. Prolapse of Vitreous in Cataract Operation. Arch. di Ott., xx, p. 1.

Fuchs. Epithelial Inclusions in Anterior Chamber Following Cataract Extraction. Klin. M. f. Augenh., Sept., p. 374.

Goldzieher, W. Treatment of Cataract. Med. Klin., viii, Sept.

Grandclément. Not Necessary to Wait for Cataract to Ripen. Lyon Méd., Sept.

Higbee, E. H. Absorption of Contusion Cataract Without Rupture of Capsule. Amer. Jour. Ophth., xxix, p. 305.

Lazareff, E., and Fradking, S. Autocytotoxic Theory of Senile Cataract. Ann. d'Ocul., cxlvi, p. 331.

Levinsohn, G. Cataract Operation. Deutsche Med. Woch., xxxviii, p. 1813.

Millette, J. W. Intracapsular Cataract Operation from Viewpoint of Assistant. Ophthalmology, ix, p. 58.

Parisotti, O. Complications of Cataract Operations. Riv. Ital. di Ott. viii, p. 59.

Posey, W. C. Successful Removal of Lens Dislocated into Vitreous. Wills Hosp. Ophth. Soc., May 7.

Reis, W. Senile Cataract and Biochemic Reaction of Lens. Arch. f. Augenh., lxxii, p. 156.

Smith, H. Vision of 132 Cases of Intracapsular Extraction of Cataract. Indian Med. Gaz., Sept. N. Y. Med. Jour., Oct. 26, p. 869.

Strother Smith, F. F. Extraction of Cataract in Capsule. Edinburgh Med. Jour., ix, p. 339.

Tuto, R. Indian Method of Cataract Extraction. Arch. de Oft., xi, p. 625.

Van der Hoeve, J. Coloboma of Lens., Arch. f. Augenh., lxxii, p. 145.

Van Lint, A. Sliding Flap Operation in Removal of Cataract. Ophthalmoscope, x, p. 563.

Repeated Titles. **Chevallereau** (ii, p. 89). Amer. Jour. Ophth., xxix, p. 268. **Faure** (ii, p. 71). Klin. M. f. Augenh., Sept., p. 389. **Römer** (ii, p. 137). Ophth. Rev., xxxi, p. 320. **Taylor** (ii, p. 120). Ibid., p. 316.

VITREOUS.

De las Cuevas, J. Intracapsular Hemorrhage. Arch. de Oft., xii, p. 478.

Magitot and Mawas, J. Development of Vitreous and Zonule in Man. Ann. d'Ocul., cxlviii, p. 179.

RETINA.

Begle, H. L. Clinical Report of Retinitis Circinata. Amer. Jour. Ophth., xxix, p. 257.

Bettremieux, P. Recent Operations for Retinal Detachment. Ophthalmology, ix, p. 13.

Fau. Etiology of Albuminuric Retinitis. Ann. d'Ocul., cxlvi, p. 322.

Lindner. Hemeralopia with Fundus Changes. Klin. M. f. Augenh., Sept., p. 376.

Purtscher, O. Retinal Thrombosis and Metastatic Ophthalmia. Ibid., p. 373.

Rados, A. Tuberculosis of Retina (Bibl.). Klin. M. f. Augenh., Sept., p. 330.

Raubitschek. Arteriovenous Anastomosis in Retina. Ibid., p. 376.

Salzmann. Anemic Fundus. Ibid., p. 376.

Teillais. Embolism of Central Retinal Artery in Pregnancy. Ann. d'Ocul., cxlviii, p. 170.

Uhthoff. Central Retinitis with Sun-Blinding. Klin. M. f. Augenh., Sept., p. 364.

Vinsonneau. Eclipse Scotoma and Macular Lesion. Arch. d'Opht., xxxii, p. 571.

Wostrow. Retinitis With Sun-Blinding. Russky Vratch, xi, p. 659 Klin. M. f. Augenh., Sept., p. 398.

Repeated Titles. **Behr** (ii, p. 137). N. Y. Med. Jour., Sept. 21, p. 610. **Birch-Hirschfeld** (ii, p. 105). Ophth. Rev., xxxi, p. 318. **Chauffard** (ii, p. 72). Amer. Jour. Ophth., xxix, p. 288. **Darier** (i, p. 141). Ophthalmoscope, x, p. 610. **Meisner** (i, p. 79). Ophth. Lit., ii, p. 128. **Rochon-Duvigneaud** (ii, p. 106). Ophth. Rev., xxxi, p. 307.

TOXIC AMBLYOPIAS.

Almagia, M. Pathogenesis of Quinine Amaurosis. Arch. di Ott., xx, p. 98.

Erdmann. Ocular Changes from Ethylene Chloride. Klin. M. f. Augenh., Sept., p. 370.

Garcia del Mazo. Amblyopia from Atoxyl Poisoning. Arch. de Oft., xi., p. 661.

Knapp, A. Blindness from Toxemia. N. Y. St. Jour. Med. xii, p. 574.

OPTIC NERVE.

Bouche, G. Decompressive Craniectomy. Bruxelles: Severyns.

McNeil, R. P., Robb, R. M., and Moll, A. M. Optic Atrophy from "606." Transvaal Med. Jour., May. Ophthalmoscope, x, p. 610.

Shukowsky, W. P., and Baron, A. A. Brain Tumor in Girl of Five with Blindness from Optic Atrophy. Arch. f. Kinderheilkunde, lviii. J. A. M. A., Oct. 12, p. 1410.

Smith, H. Eye Lesions in Intracranial Tumor. Lancet, Oct. 5, p. 948.

Terlinck, H. Recurring Neuritis. Ophthalmology, ix, p. 78.

Valude, E. Optic Atrophy and Family Retrobulbar Neuritis. Ann. d'-Ocul., cxlvi, p. 341.

Vollert, R. Choked Disk After Salvarsan. Münch. Med. Woch., lix, Sept. J. A. M. A., Oct. 19, p. 1498.

Von Hippel. Palliative Trephining in Papillitis. Klin. M. f. Augenh., Sept., 369.

Voorhees, S. Ocular Observations in Brain Tumor. N. Y. St. Jour. Med., xii, 577.

Repeated Titles. **Behr** (i, p. 93), Ophth. Lit. ii, p. 142. **Garipuy** (ii, p. 41), Ophthalmoscope, x, p. 610. **Levinsohn** (i, p. 125), Ibid., p. 603.

TRACTS AND CENTERS.

Bérillon, L. Visual Memory and Imagination. Rev. de Psychothérap., xxvi, p. 252.

Bogatsch. Bitemporal Hemianopsia and Disease of Hypophysis (Bibl.). Klin. M. f. Augenh., Sept,, p. 313.

Bruner, W. E. Hemianopsia of Luetic Origin; Partial Recovery. Ophth. Rec., xxi, p. 472.

Campos. Visual Projections. Rev. Gén. d'Opht. xxxi, p. 337.

Cantonnet. Ocular Lesions in Fracture of Skull. Paris Méd. Sept. 7.

Dabadic. Puerperal Amaurosis. Klin. M. f. Augenh. Sept. p. 399.

Devaux. Amblyopia Cured by Diet of Meat and White Wine. L'Opht. Prov. ix, p. 142.

Dufour. Cerebral Localization of Some Visual Phenomena. Ann. d'Ocul. cxlvi, P. 318.

Greeley, H. P. Hemianopsia Due to Vascular Disease. Boston Med. and Surg. Jour. clxv, P. 512.

Lenz. Transcortical Visual Disturbance. Klin. M. f. Augenh. Sept. p. 366.

Muskens, L. J. and **Snellen, W.** Blindness a Sequel of Organic Brain Disease. Rev. Neurol. and Psychiat. x, P. 210.

Risley, S. D. Recurring Transient Failure of Vision. Wills Hosp. Ophth. Soc. May 7.

Roy, J. N. Revolver Bullet in Chiasm; Consecutive Binocular Blindness. Ophthalmology ix, p. 63.

Toupet, R. Diagnosis and Treatment of Tumors of Hypophysis. Gaz. des Hôp. Feb. 17. Ophthalmoscope, x, p. 596.

Wolfstein, D. I. Tumor and Clinical Pathology of Hypophysis. Lancet-Clin. cviii, p. 365.

Repeated Titles. **Burnier** (i, p. 67) Ophth. Lit. ii, p. 126. **Lafon** (i, p. 67) Ophthalmoscope, x, p. 596.

EYEBALL.

Frantz, C. P. Conservation in Enucleations. Jour. Iowa St. Med. Soc. i, p. 615.

Jacqueau. Subacute Meningitis After Enucleation. Ann. d'Ocul. cxlviii, p. 195.

ANOMALIES.

Repeated Titles. **Seefelder** (i, p. 67) Ophthalmoscope, x, p. 603

LACRIMAL.

Whitnall, S. E. The Naso-lacrimal Canal. Ophthalmoscope, x, p. 557.

Repeated Titles. **Mattice** (ii, p. 122) N. Y. Med. Jour. Aug. 31, p. 457. **Pokrowsky** (ii, p. 91) Ophth. Rev. xxxi, p. 317. **Knieling** (ii, p. 59) Klin. M. f. Augenh. Sept. p. 389.

LIDS.

Brault, T. Favus of Eyelid. Dermatologische Woch. May 25.

Brunetiére. Etiology of Acute Recurring Edema of Lids. Clin. Opht. xviii, p. 506.

Krämer. Anthrax of Lids. Klin. M. f. Augenh. Sept. p. 376.

Landtan. Herpes Zoster Ophthalmicus with Trauma. Ibid. p. 396.

Leber, A. Tropical Diseases of Lids. Ibid. p. 372.

Oretschkin. Operations for Entropion and Trichiasis. Viestnik Ophth. xxix, p. 242. Klin. M. f. Augenh. Sept. p. 388.

Rössler, F. Lid Swelling and Suppuration of Neighboring Lymph Glands. Klin. M. f. Augenh. Sept. p. 325.

Repeated Titles. **Rollet** and **Genet** (ii, p. 91) Ophthalmoscope, x, p. 610. **Wätzold** (ii, p. 139) J. A. M. A. Oct. 12, p. 1412.

ORBIT.

Golden, I. J. K. Proptosis, a Sign of Chronic Nephritis. Amer. Jour. Dermatol. xvi, p. 511.

Ipsen. Pulsating Exophthalmos Cured by Ligation of Common Carotid. Hospitalstidende, lv, Sept. 11. J. A. M. A. Oct. 12, p. 1418.

M'Millan, L. Orbital Cellulitis. Glasgow Med. Jour. lxxvii, p. 450.

Savariaud. Pulsating Exophthalmos. Bull. et Mem. Soc. de Chir. de Paris. xxxviii, p. 672.

Zietschmann, O. Orbital Arteries of Horse. Arch. f. Vergleich. Ophth. July, p. 129. Ophthalmoscope, x, p. 586.

INJURIES.

Aurand. Shot-wound of Eye. Lyon Méd. cxviii, p. 951.
Beykovsky. Shot Wounds of Eye. Wiener Med. Woch. lxii, p. 2483.
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Calderaro, S. Hitherto Undescribed Corneal Complication of Trachoma. (Archiv f. Augenheilkunde, 69, p. 35).

The affection has been observed in a large number of cases of chronic trachoma in southern Italy. It occurs with characteristic constancy in the center of the cornea, more particularly corresponding to the lower margin of the pupil. It begins with white pear-shaped dots lying beneath Bowman's membrane, and corresponding to the termination of a minute vessel. These dots become more numerous and blend to produce a large spot; in which, however, the primary dots are still seen as dense centers of less marked opacities. The lesion is constantly accompanied by vessels, which increase in number and caliber as the spots extend.

The disease occurs in the cicatricial stage of trachoma, and mostly in young persons. Sometimes unilateral, sometimes involving both eyes, its growth is extremely slow, in one case having taken as long as seven years to reach a height of barely one millimeter. The tendency is for the disease to cover the pupillary area, and hence seriously to injure the sight. The corneal sensibility is unaltered, and anterior chamber, iris, and other internal coats of the eye remain healthy.

The opacity never covers the entire cornea. The author has never seen either spontaneous or therapeutic cure of advanced opacities, but when the opacity was still thin, treatment directed against the trachoma diminished the extent of the opacity. Quite small incipient opacities disappeared completely under treatment in the course of two years.

Attempts to discover a special causative bacterium or mycelium were fruitless. Microscopic study of the opaque tissue was facilitated by the ease with which the little disc was separated from the cornea. The starting point of the changes was in the cells surrounding the terminal capillaries of the new blood vessels; that is to say in the perithelium. The process is therefore one of perivascular infiltration, the perithelial elements of which undergo a degeneration marked

by the formation of protein granules, and later of fatty granules. In no case could the presence of calcareous infiltration be detected.

To remove the opacity the corneal lamellae were opened with a Beers knife, and the detritus curetted with a corneal spoon until the characteristic color of the spot was no longer observed. The result was cosmetically, but not optically good, since the opacity was replaced by a semi-transparent leucoma. But relapses occurred, and to remedy these the author later adopted the plan of removing, by means of the trephine, the corneal parenchyma at the site of the [illegible].

Elschnig. Simple Flap Extraction of Senile Cataract With Incision of Root of Iris. (Archiv f. Augenheilkunde, 69, p. 319.)

It is probable that prolapse of the iris is frequently favored by adhesion of the anterior capsule of the lens to the iris, in the peripheral position of the latter induced during extraction of the lens. As the aqueous humor collects, the upper part of the iris is likely to be distended and forced through the still open wound, without any contributory act on the part of the patient. To safeguard against this condition, the author has tried the effect of an incision of the root of the iris with De Wecker's scissors. Between November 1909 and March, 1911, one hundred simple extractions with incision at the root of the iris were done, and in none of the cases did prolapse or incarceration of the iris occur. The incision is usually made after opening the lens capsule with capsule forceps. The conjunctival flap being lifted with the forceps, and the corneal incision made to gape, the iris is stabbed close to the scleral lip of the wound with the sharp blade of a small De Wecker scissors, and an incision not longer than 1 mm. made parallel with the corneal margin.

The operation is preferable to excision of the root of the iris, because it involves less traumatism, offers less risk of the lens engaging in the iris wound, and gives equal protection against prolapse of the iris. It does not change the classically absolute contraindications against simple extraction.

Fischer, F. Phlebitis of the Orbit with Meningitis, Presenting the Clinical Picture of Traumatic Sinus Thrombosis. (Archiv f. Augenheilkunde, 69, p. 339.)

In direct sequence with a fall on the occiput, the patient, a man of forty-five years, developed left exophthalmos with ophthalmoplegia and facial paralysis of the same side. The symptoms were explained as due to basal fracture with orbital hemorrhage. Later exophthalmos on the right side, with stasis of the retinal veins, led to the conclusion that the left cavernous sinus had been injured, with the formation of a thrombus which had extended to the right sinus. Death occurred two months later from intercurrent typhoid. Autopsy and microscopic study showed at the base of the brain an old sero-adhesive meningitis, but the blood channels were intact. The walls of the orbital veins had undergone marked inflammatory changes, and the veins were in large part obliterated. The occipital trauma had probably been followed by hemorrhage in the orbit and at the base. During the slow absorption of these hemorrhages chronic inflammatory changes developed, perhaps arising by infection from an old leg ulcer, which had existed at the same time.

Cobb, H. Experimental Studies as to the Action of Large Amounts of Serum on Corneal Infections, and as to Participation by the Cornea in Active Immunization. (Archiv f. Augenheilkunde,) 69, pp. 76 and 137.)

Rabbits' corneas were inoculated with bacterial cultures in varying dilutions. Rather severe infections produced by bacillus suisepticus were favorably influenced by subcutaneous injection of 15 ccm. of the

specific serum. Passive immunization with heterologous serum showed improvement in results proportionate to increase in the amount of serum injected. Comparison of results from heterologous and homologous sera was distinctly in favor of the latter. Animals in which the experimental infection followed twelve days after intravenous injection of a dead culture of the bacillus suisepticus, showed far more rapid and favorable healing than animals not actively immunized. In animals which had received two such preliminary injections the therapeutic effect was clearly greater than in animals injected once only. Active immunization did not prevent an infection of the cornea, but merely caused more rapid healing.

Grüter, W. An Infectious Conjunctivitis Excited by a Saprophytic Bacterium. (Archiv f. Augenheilkunde, 69, p. 29.)

The infection involved successively three children and their father. It was marked by slight redness of the conjunctiva, almost limited to the lids, and by a tough, thick, purulent secretion. Only partial cure followed treatment extended over two months. In one of the children corneal ulcer developed, and in one eye the cornea was perforated. Conjunctivitis and corneal involvement alike were unaccompanied by pain. The organism which was apparently responsible for these disturbances was a slender, motile, Gram-positive bacillus. Its cultural peculiarities are described. Injection of a bouillon culture into the peritoneal cavity of a rabbit caused no general disturbance. Inoculation of the conjunctiva produced hyperemia lasting several days, and moderate secretion. Inoculation of the anterior chamber was followed by violent inflammation, accompanied by a large hypopyon, but subsiding after twelve days without leaving marked changes.

Krusius and Clausen. The Etiology of Parinaud's Conjunctivitis. (Archiv f. Augenheilkunde, 69, p. 327.)

The two cases described both presented the symptoms which are regarded as typical of this disease: fever, glandular enlargement in the neck and in front of the ear on the affected side, and nodules in the palpebral conjunctiva. In each case the nodules were associated with a coxcomb-like swelling of the conjunctiva of the lower lid. In one case the disease was apparently grafted upon an old keratoconjunctivitis. In both instances the Von Pirquet test was positive, although in one patient only at the second trial. The subcutaneous tests produced marked general, but no local, reactions. Repeated conjunctival instillations of tuberculin in increasing doses were followed by no trace of local reaction. Inoculation tests with guinea pigs feebly but definitely indicated the presence of tuberculosis. The course of the disease, and the results of the tuberculin and inoculation tests, favor the conception of Parinaud's conjunctivitis as a local re-infection with tuberculosis, occurring in individuals who have acquired relative immunity from a previous infection.

The absence of local reaction to tuberculin, in spite of the presence of general reaction, is against the possibility of the conjunctival infection being the primary source of the allergistic changes in the serum. Failure to produce a local reaction by the instillation of tuberculin, on the other hand, may be explained by supposing that the natural production in the diseased tissues of large quantities of tuberculin precluded any reaction to the small amount introduced artificially.

Pagenstecher, A. H. Peripheral Iridectomy. (Archiv f. Augenheilkunde, 69, p. 251.)

An instrument called an "iris stencil" is described, the purpose of which is to make a small hole in the periphery of the iris without

injuring the sphincter. It is a scissor-like instrument, which cuts only at the sharply curved end (somewhat as the edges of a rongeur cut). The end is rounded in a semicircle of about 1 mm. diameter. The only drawback of the instrument seems to be that its blades sometimes jam together when the iris is cut.

The author and his father combined peripheral iridectomy with sclerectomy in twenty cases of glaucoma. The former also reports a case of acute glaucoma in which such an operation gave good results.

Rübel, E. Vertical Oval Cornea in Congenital Lues. (Klin. Monatsbl. f. Augenh. 1911, II, p. 227.)

Fuchs has observed that vertical oval cornea occurs more frequently in patients with hereditary lues than in others. Rübel now records three instances of this condition all occurring in subjects of parenchymatous keratitis, who also showed other stigmata of hereditary syphilis. In the first case the diameters of the right cornea were vertical 10, and horizontal 9 mm., and of the left cornea 10½ and 9 mm. The eyes had respectively an inverse astigmatism of 6 and 9 D. In the second case the corresponding measurements were R. 12 and 11, and L. 12½ and 11; with inverse astigmatism of 7 and 5½ D. In the third case the left cornea was round, but the right measured horizontally 11, vertically 12 mm. Inverse astigmatism was not present.

Salus, R. Experience with Toti's Dacryocystorhinostomy. (Klin. Monatsbl. f. Augenh. 1911, II, p. 54.)

The number of cases so far operated on by this method in Elschnig's clinic now amounts to twenty-nine. Discussion of the result covers the following questions: (1) Does the eye fill with tears as after extirpation of the sac? (2) Is drainage efficient during reflex increase of lacrimation? (3) Is syringing or probing possible? (4) Does a fluorescin solution pass promptly from the conjunctiva to the nose? All requirements were satisfied after the first operation in 13, or 45 per cent. of the twenty-nine cases. In 11 cases drainage was inadequate during reflex increase of tears, and fluorescin passed through very slowly or not at all. In the remaining five cases none of the four requirements was satisfied; but pus formation ceased, and the result may therefore be compared to that of extirpation. Five of the cases showing imperfect results came again for operation, and two of these were perfected. The faulty results in the remaining cases were attributed to such technical errors as carrying the opening through into a large ethmoid cell without removing the latter; failure to extend the resection of the lacrimal bone forward into the nasal process of the maxillary bone; inadequate excision of the lacrimal sac, leading to closure of the wound margins; or peculiar anatomic relations. As regards the rapidity with which the conjunctival sac becomes free from germs, Toti's operation is not superior to extirpation of the sac. But for maintenance or restoration of lacrimal drainage no operation equals dacryocystorhinostomy in the prospect of good results.

Schmidt-Rimpler, H. Auto-observation Regarding Unilateral Cataract and Aphakia. (Klinische Monatsbl. f. Augenheilkunde, May-June, 1911, p. 692.)

The first sign which the author noticed was that in use of the highest powers of the microscope a translucent nebula obscured the object near the center of the field. It was fixed in position, in distinction from a musca volitans which was noticeable at the same time. Visual acuity was at this period normal. Binocular perspective did not fail until the object fixed became indistinct to the cataractous eye. When vision in this eye became very defective binocular fixation was only occasional. At the present time, the left eye being

aphakic and the right cataractous, vision without correcting lens shows continually a slight variation in the relative positions of the unequal images. It is the writer's impression that perfect binocular fixation and perspective vision are only possible with approximately equal sharpness and size of the two retinal images. He excludes the possibility of perfect perspective being had with unilateral aphakia even if the aphakic eye has good visual acuity; the difficulty being chiefly due to difference in size of the retinal images.

After removal of the cataractous lens the change in color sensation was very striking. All colors seemed brighter, although there was no indication of color blindness in the cataractous eye. As regards the alleged accommodative power of the aphakic eye the writer states that on close observation of single letters he finds aphakic vision to be perfectly sharp only at a single distance. Limitation of occupational efficiency is least in such employments as that of shoemaker or tailor and greatest in that of carpenter, mason, or the like; since in these latter occupations peripheral vision is more important and the necessary use of a strong cataract lens therefore most disturbing.

The author's personal experience convinces him that aphakia, even with full visual acuity, may be a basis for compensation in case of industrial accidents. He estimates the diminution of normal efficiency, due to loss of exact perspective and to lessening of peripheral visual acuity, at 15 per cent.

Seefelder, R. Anatomic Finding in a Case of Persistent Pupillary Membrane with Corneal Adhesion and Congenital Corneal Opacity. (Archiv f. Augenheilkunde, 69 p. 164.)

The case is reported as bearing on the question whether adhesion of pupillary membrane to the cornea may arise entirely from a developmental anomaly. The eye was from a child eight weeks old. The cornea was very small, flattened, and so opaque that in life the iris could not be clearly made out. The anterior chamber was very shallow, but the eye otherwise normally developed. Pathologic study revealed absence of the lower half of the iris, downward dislocation of the lens, complete absence of Bowman's membrane, and general vascularity of the cornea, which in structure resembled the sclera. There was a persistent pupillary membrane, consisting mainly of cord-like adhesions between the iris and cornea. One of these bands was composed of corneal tissue at its corneal end, and of iris mesoderm at the end toward the iris. Descemet's membrane was in every case lacking in the area of attachment of the synechial bands to the cornea. There were no signs of inflammation in iris or cornea. The condition must therefore be regarded as purely an anomaly of development, in no way dependent on inflammatory processes.

Von Szily, A. Organ Specificity of Developed Lens, and Its Species Specificity in Embryonic Life. (Klin. Monatsbl. f. Augenh. 1911, II, p. 150.)

Römer has declared that the lenses of all vertebrate animals are peculiar in that they are never specific for their respective species, but possess an "organ specificity." The writer has made some experiments on rabbits in order to determine how far this dictum can include the period of embryonic development. He finds quite clearly that the embryo lens has a sero-reaction closely akin to that of the serum of the species. This "species specificity" is only lost during later development The "organ specificity" therefore, assumes merely a secondary rôle.

Zimmermann, W. An Eye Speculum for Lifting Off the Lid. (Klin. Monatsbl. f. Augenh. 1911, II, p. 64.)

The ordinary wire speculum is modified by the attachment to the upper blade of an arm which lies upon the forehead. This arm contains a thumb-screw, by adjustment of which, when the speculum has been inserted, the upper lid may be lifted off the eye to the desired extent. The lid is thus lifted by a lever, in which the finger of the assistant applies the power, the lid is the weight, and between these two the end of the screw pressing on the forehead is the fulcrum. Contra-indications to the use of the instrument are deep sunk eyes, and narrow palpebral apertures, such being better treated by slitting the external canthus.

Zirm, E. Operative Communications. (Archiv f. Augenheilkunde, 69, p. 233.)

Intraocular Removal of Tumor. A woman of 25 years positively refused to have enucleation done on account of a sarcoma of the ciliary region. The growth was therefore removed as radically as possible through a T-shaped incision in the sclera. Although sight was completely lost the patient wrote two months after the operation that there was no pain, and the eye looked perfectly natural.

Discission with Graefe Knife. The author favors subconjunctival discission with the Graefe cataract knife; not only because it usually facilitates flat section of a membrane, but because if discission is unsuccessful the entering incision is easily enlarged as the knife is withdrawn, and the extraction of the membrane, or other operative procedure, at once undertaken.

Dosage of Squint Operation by Means of Bridle Loops. After a tenotomy the bulb is fixed in the desired position by means of loops which are carried through a fold of conjunctiva on the side of the cornea opposite to the divided muscle, and fastened by adhesive plaster to the nose or outer margin of the orbit. Overcorrection is not called for. Advancement of the antagonist is only necessary where there is paresis of this muscle. The ends of the loop are carried under one piece of plaster, traction against which enables accurate adjustment to be made, and the ends are folded back over the first strip and covered by a second one. It is claimed that this method has almost always rendered unnecessary tenotomy on the other eye.

Total Blepharorrhaphy. Both lids are split from the puncta to the outer canthus to a depth of 4 or 5 mm. from the intermarginal space. The raw surface of the anterior layer of the upper lid is now brought into contact with the corresponding layer of the lower lid, and sutures are inserted. The employment of this method in cases of neuroparalytic keratitis has satisfied the author on the one hand of the ease with which the normal condition is restored when necessary, and on the other hand of the persistence of the adhesion over a number of years.

Enlargement of Conjunctival Sac for Prothesis. In certain cases the conjunctival sac is so limited that even the smallest prothesis falls out. To remedy this condition the conjunctiva covering the stump is divided horizontally from canthus to canthus and extensively undermined above and below. Between the edges of the conjunctiva are then grafted several strips of skin from the inner surface of the thigh. The grafts are covered with sterile gauze, the prothesis inserted, and bandage applied. The lids may be stitched together.